

## **D. HOUSING DEVELOPMENT PLAN**

As an outgrowth of the Comprehensive Housing Assistance Strategy (CHAS) and Consolidated Planning process of the previous few years the State of Utah has completed an excellent evaluation of what the housing needs are in the state including the status of regional variations which are dependant upon the general economic health of the area. The needs identified by the seven regions of the state based on several years of research can be generalized into a statewide policy. The regions have furnished a complete housing analysis for the CHAS process. Space does not permit the inclusion of all of this data in this document. A brief summary of housing needs is included in this document to illustrate generally the plight of housing statewide. The homeless section of this document is generated by the State and is not duplicated at the regional level, and therefore is included in its entirety in this document. The evaluation of housing for those persons with special needs is also something which the State makes a separate evaluation of and is also included directly in this document. If the reader is interested in more detailed housing information for any specific area of the state they are welcome to contact the State of Utah for further information. Contact may also be made directly with the housing program staff persons at the regional level. Names, addresses and phone numbers are listed in this document.

## **E. HOUSING NEED ANALYSIS**

There is a severe shortage of housing statewide. There is a lack of vacancies in all types of housing, but it is particularly lacking in rental housing. Even in those areas of the state that have higher unemployment rates such as the Uintah Basin, there are shortages of rental housing.

There are areas of the state, based on the information presented in the regional consolidated plans, which are experiencing current housing problems at rates higher than the statewide average. These problems may be supply problems or they may be higher deterioration rates in existing housing. Due to the lack of housing, the subsequent inflated cost of housing is a major problem for lower income people. As with most counties in the State, Utah and Weber have a housing supply shortage and a particularly acute lack of affordable housing. The Logan City area has a significant supply problem, as well as rehabilitation needs. The Uintah Basin is also experiencing supply, affordability and significant deterioration problems. Moab City/Spanish Valley and San Juan County generally have an overwhelming affordable housing supply shortage. The entire Six-County Region is suffering supply as well as significant deterioration problems in some areas and the St. George/Cedar City area has primarily an affordable housing shortage problem. There are of course other areas of the State where projects are needed and the state would like to focus state and federal resources in any project where there is a local organization willing to sponsor and administer a meaningful project.

There are other kinds of housing issues which need to be addressed and are discussed in this document. The categories are required by the Consolidated Plan guidelines and are discussed in terms of the magnitude of the problem and then what the state is planning to implement to address the problem.

## **F. LEAD BASED PAINT**

Although the allowable content of lead in paint was significantly reduced following World War II, first in 1973 and later in 1978 as lead was identified as a pivotally contributing factor in severe developmental problems, particularly in young children, it continues to be the catalyst for one of the nation's major health concerns. The original source for lead poisoning was seen to be structures constructed prior to 1978, before Federal legislation in the form of the Lead-Based Paint Poison Prevention Act and other agencies for consumer protection were in force. Since that time there have been other sources of lead contaminants identified, such as that used in copper piping in aging water systems, in gasoline, and lead contaminated soil.

This knowledge of additional sources deflated the idea that lead poisoning occurs only or primarily among those of the lower socio-economic levels. However, the naturally occurring "trickle-down" pattern in home-ownership, newer homes usually being sold to or occupied by individuals in higher income brackets and older homes being occupied more and more often by middle-income and lower-income members of society, many of which are the elderly and minorities, housing containing possibly dangerous levels of lead-based paint is still one of the most worrisome concerns for those involved in health issues.

Utah does not have statewide requirements in place at this time to determine the exact locations or amounts of lead in housing units or population groups. However, the two major salt lake metropolitan area Housing Authorities presently have in place a lead testing program in which all units are tested using the HUD guidelines. In addition, the Department of Health, Bureau of Epidemiology maintains a lead registry wherein all clinical labs are required to report all cases of blood lead levels of 15 micrograms per deciliter or over. They also operate an Adult Blood Level Epidemiology and Surveillance program through the National Institute for Occupational Safety & Health that provides funding to states in order for them to dispense information to adults tested with levels of 25 micrograms or above. The physicians of children with elevated blood levels are notified and informed about where they may obtain assessment information (their local health departments). It is also mandated by the federal Health Care Financing Administration, Division of Health care financing, that all children between the ages of 6 months through 6 years applying for services through medicaid are tested.

An unofficial study performed by the Bureau of Epidemiology gathered statistics from 1,599 individuals tested during the period of November 1, 1993 through October 31, 1994. That study revealed the following:

Blood Lead Levels	Numbers in Tested population
1-15 micrograms per deciliter	36
16-20 micrograms per deciliter	11
21-25 micrograms per deciliter	8
	55 - represents 3% of the sampled population

If you tried to apply this percentage of certifiable cases on a statewide basis it would appear that the state does not have a significant lead based paint problem, however, based on the 1990 census the possibility of LBP related health problems versus "**known**" health problems gives a different picture.

Total housing units:	598,388
Units constructed prior to 1979:	452,490
Owner Occupied:	283,296 or 62 percent
Renter Occupied:	169,793 or 37 percent
Occupied by Low income:	61,611
*Estimated number of total units where lead-based paint may contribute to health concern:	
*Estimated total percent of States' population being impacted by lead-based paint:	

\*Using HUD's formula for estimating the potential for LBP hazards

## Actions

Utah is just beginning to develop specific methods to deal with the LBP problem identified. Some activities are already in place as indicated above and others are in the process being initiating.

The Department of Environmental Quality (UDEQ), Division of Air Quality has been identified as the States' main point of contact. This division has recently applied for and been awarded a grant of \$171,367 to determine the State's need to conduct training, accreditation, and certification programs for lead-based paint activities identified under Title IV of the Toxic Substances Control Act. The project will identify key stakeholder, including minority groups, determine the status of databases with information about previous lead related activities, including housing stock age, and prior LBP data collection and blood lead data collection status. It will identify locations of candidate structures for LBP sampling and shall compile a baseline library of State-specific lead-related information including the results of blood lead activities, training capacity, etc. A full-time employee has been hired under this grant and the Division of Air Quality plans to contract with four local health departments for some LBP outreach and education activities. The Division is also purchasing an X-ray Fluorescence (XRF) paint analyzer and will provide training in its use and possibly may be able to conduct some on-site LBP investigations. The grant will also be used to compile and analyze results of the project to assess the need for a full-scale State lead program.

The State's Community Development Division hosted a meeting in June of 1994 at which members of state and local health department representatives and housing authority representatives were in attendance. A draft was prepared consisting of the necessary steps that would need to be taken in order for the state to develop a workable process of identifying and addressing future involvement in Lead Based Paint.

1-Determine the a better estimate of housing statewide built prior to 1978 and provide this information to the State's Designee, Department of Environmental Quality.

2-Perform a **Risk Assessment**.

3-**Public Education**

4-**Testing** and establishment of a **Testing Certification Program**.

5-**Abatement** action could then be taken which will include

○Development of a certification program

○Relocation

○Abatement itself

This agenda will certainly be modified and reworked as more specific information and data are obtained. The grant received by DEQ is the first step toward making some of those determinations.

Until such time as the state has in place official Statewide testing and certification requirements regarding LBP for all housing rehabilitation the Community Development Division (CDD) will require all recipients of Community Development Block Grants operating or proposing to perform housing rehabilitation activities to provide a minimum of in-house LBP testing. Some entities already use certified identification and removal processes in their housing programs. For those CDBG recipients who lack this expertise or the funds necessary to use private testing or abatement services the CDD will require that administrative funds be requested as part of their CDBG allocation in order to purchase and use an instant lead testing kit<sup>1</sup> to identify lead in existing surfaces prior to any rehabilitation taking place and to assist in the payment of a contractor to remove the material. This will be done in addition to providing home owners with the current booklet Protect Your Family From Lead in Your Home, along with continuing to obtain their signature on the Certification indicating that they have read this booklet and are aware of the dangers associated with any possible lead based paint disturbed as a result of housing rehabilitation work performed. If lead is determined to exist in a

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<sup>1</sup>One kit suggested is the Lead/Check Swabs available in quantities of 8, 16, 48, and 96 at varying prices. Additional information is available through the CDBG office.

residential structure proposed for rehabilitation the state will provide a list of HUD certified LBP Abatement Contractors to the grant recipient.

The CDD will also recommend to those CDBG grant recipients who perform housing rehabilitation on an on-going, large scale basis that a portion of their award be used for the purchase of a Hepavac. This is a machine similar to a vacuum but whose purpose is to vacuum, in an environmental secure manner, window sill tracks and other surfaces after rehabilitation has taken place to remove any dusts flakes or friable material when it has been determined that lead based paint may have been disturbed.

In the future the CDD may also look at a set-aside to be used specifically for the costs associated with LBP identification and abatement at the state level in order to relieve grant recipients of the use of administrative costs for this purpose. The CDD will also review the possibility of using such set-aside funds to provide blood level testing on occupants of homes rehabilitated with CDBG funds where any suspicion of lead poisoning becomes apparent.

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Additional information is available through the CDBG office.